For MDEQ Use Only Application No.

MISSISSIPPI UNCONTROLLED SITE VOLUNTARY EVALUATION PROGRAM (VEP) APPLICATION FORM

Applicant						
Site Name:						
Site Surface Owner (If Different From Applicant)						
Address of Site (Street)						
City of Site		County			Zip	
Contact Person:						
Mailing Address						
City		State			Zip	
Email		Phone		Fax		
Brief Paragraph Describing Nature of Impacts (to Air, Soil, Groundwater, Surface Water), Chemicals of Concern, and Area Impacted	nature of advater, s of Concern,					
Party Assuming Responsibility for MDEQ Oversight Costs						
Name						
Address (Street and P.O. Box)						
City		State			Zip	
Contact Person						
Email		Phone		Fax		
Financial Contact (for Payment of MDEQ Invoice)						
Firm						
Address for Invoice						
City		State			Zip	
Contact Person						
Email		Phone		Fax		
Environmental Consulting Firm						
Firm's Name						
Address						
City		State			Zip	
Contact Attorney						
Email		Phone		Fax		

FINANCIAL RESPONSIBILITIES

The Applicant agrees to pay to the Mississippi Department of Environmental Quality (MDEQ) all costs of the MDEQ associated with the administration and evaluation of the site under the Uncontrolled Site Voluntary Evaluation Program (VEP) at the rate of \$100.00 per hour. The hourly rate may be adjusted on an annual basis and the Applicant will be notified of any rate change prior to implementation of the change.

The Applicant understands that it will be invoiced for all costs incurred by the MDEQ in the administration and evaluation of the Site on a thirty (30) day schedule. If any part of the costs is not paid within thirty (30) days after the due date, a penalty of up to twenty-five percent (25%) of the amount due may be imposed and be added to the amount due. In the event the MDEQ pursues legal action to collect costs incurred, the Applicant agrees to pay the reasonable attorney's fees and costs of the MDEQ associated with such an action. The Applicant further understands that the MDEQ will immediately cease the administration and evaluation of the Site, if the Applicant fails to pay any required costs or penalties imposed.

The information contained in this application is true and correct to the best of my knowledge and belief.

Printed Name:	——— Signature:
Filited Ivalile.	—— Signature.